



Community Development Corporation of Long Island
 2100 Middle Country Road, Centereach, NY 11720
 631.471.1215 • www.cdcli.org



Application for Employment

Name (Last) (First) (Middle)

Street address

City State Zip

Home Phone Number Cell Phone Number

Have you ever been employed with us before?
 If yes, give date(s) and position(s).

Provide names of relatives employed at CDCLI.

On what date are you available to work?

Schedule available to work: Full Time Part Time Temporary

Shift available to work: Day Evening Flexible

Position applied for: Salary requirement:

Are you legally eligible to work in the U. S.?

Have you been convicted of a felony?
 If yes, please list date(s) of offense(s) and disposition(s).
 (Conviction will not necessarily disqualify an applicant from employment.)

Education

School Name and Location	High School				Undergraduate College/University				Graduate/ Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree Earned												
Major or Course of Study												

Additional Information

Describe any specialized training, skills, licenses or certifications held.

Describe any honors or awards you have received.

List languages read, spoken and written fluently, other than English.



Employment Experience - Start with your most recent job. Include any job-related military service assignments and volunteer actives. Please account for all time for at least the past ten years.

1. <u>Employer</u>	Dates Employed		Specific Duties:	
	From	To		
Address				
Telephone number	Hourly Rate/ Salary			
	Starting	Final		
Job title				
Supervisor				
Reason for leaving				
				May we contact this employer?
2. <u>Employer</u>	Dates Employed			Specific Duties:
	From	To		
Address				
Telephone number	Hourly Rate/Salary			
	Starting	Final		
Job title				
Supervisor				
Reason for leaving				
			May we contact this employer?	
3. <u>Employer</u>	Dates Employed		Specific Duties:	
	From	To		
Address				
Telephone number	Hourly Rate/Salary			
	Starting	Final		
Job title				
Supervisor				
Reason for leaving				
				May we contact this employer?
4. <u>Employer</u>	Dates Employed			Specific Duties:
	From	To		
Address				
Telephone number	Hourly Rate/Salary			
	Starting	Final		
Job title				
Supervisor				
Reason for leaving				
			May we contact this employer?	
5. <u>Employer</u>	Dates Employed		Specific Duties:	
	From	To		
Address				
Telephone number	Hourly Rate/Salary			
	Starting	Final		
Job title				
Supervisor				
Reason for leaving				
				May we contact this employer?



Veteran Information (Most Recent)

Branch of Service	Date of Entry	Date of Discharge

Business References (List the Name, Title, Relationship, Number of Years Known and Phone Number for three business references.)

Name	Title	Relationship	Years Known	Phone Number

Applicant's Statement

I certify the information contained in this application is true, correct, and complete. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with CDCLI is of an at will nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of CDCLI.

In the event of employment, I understand that false, misrepresented or misleading information given on my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of CDCLI.

I understand that if offered a position with CDCLI, I may be required to submit to a pre-employment background check, including fingerprinting, and a pre-employment drug test as conditions of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of any employment offer or termination of employment if already employed.

Signature of Applicant

Date

CDCLI is proud to be an Equal Opportunity Employer. We celebrate it, we support it, and we thrive on it for the benefit of our employees, our consumers, and our community.